

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

1444 DUKE STREET

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255695

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy Hagan

Signature of Treasurer

Timothy Hagan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">18855.37</td></tr></table>	18855.37				
Y	Y	Y	Y	Y													
2015																	
18855.37																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">18855.37</td></tr></table>	18855.37															
18855.37																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">91284.90</td></tr></table>	91284.90					<table><tr><td colspan="5">91284.90</td></tr></table>	91284.90									
91284.90																	
91284.90																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">110140.27</td></tr></table>	110140.27					<table><tr><td colspan="5">110140.27</td></tr></table>	110140.27									
110140.27																	
110140.27																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">63404.05</td></tr></table>	63404.05					<table><tr><td colspan="5">63404.05</td></tr></table>	63404.05									
63404.05																	
63404.05																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">46736.22</td></tr></table>	46736.22					<table><tr><td colspan="5">46736.22</td></tr></table>	46736.22									
46736.22																	
46736.22																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20263.82

20263.82

(ii) Unitemized .....

70561.08

70561.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

90824.90

90824.90

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

90824.90

90824.90

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

200.00

200.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

260.00

260.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

91284.90

91284.90

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

91284.90

91284.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	63404.05	63404.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63404.05	63404.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63404.05	63404.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63404.05	63404.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	90824.90	90824.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90824.90	90824.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	63404.05	63404.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	200.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	63204.05	63204.05

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +H9A-N5 HCB

Form/Schedule: F3XN

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Ken H. Ashby**

Mailing Address 11837 Lochwood Blvd

City State Zip Code  
 Dallas TX 75218-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Joseph Belhobek**

Mailing Address 20800 Colby Rd

City State Zip Code  
 Shaker Heights OH 44122-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 22 / 2015

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Robert C. W. Benedict Jr.**

Mailing Address 850 John Carlyle St Apt 151

City State Zip Code  
 Alexandria VA 22314-6857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Libertarian National Committee

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.48

Date of Receipt

01 / 13 / 2015

Transaction ID : SA11AI.8773

Amount of Each Receipt this Period

590.48

In-Kind Contribution - Books

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1190.48

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.8773

Contribution of books to LNC purchased from Amazon.com 1200 12th Avenue South #1200 Seattle, Washington  
98144. See Schedule B, Line 21(b)

Form/Schedule:

Transaction ID:



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Matt Burkholder**

Mailing Address PO Box 88

120 E 6th St

City

Cozad

State

NE

Zip Code

69130-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Island Dehy

Occupation

Agriculture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 05 / 2015

Transaction ID : SA11AI.4666

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Larry Carlson**

Mailing Address 5689 Cabot Dr

City

Oakland

State

CA

Zip Code

94611-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 16 / 2015

Transaction ID : SA11AI.4732

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Frank J. Cason**

Mailing Address 16222 Monterey Ln Spc 323

City

Huntington Beach

State

CA

Zip Code

92649-2253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Felisa C. Clark**

Mailing Address 2124 SW 170th St

City State Zip Code  
Burien WA 98166-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : SA11AI.4816**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn C. Clift**

Mailing Address 6402 Hampton Dr

City State Zip Code  
Anchorage AK 99504-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2015

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period

195.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kelvin Contreary**

Mailing Address 1 Wren St

City State Zip Code  
New Orleans LA 70124-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 08 / 2015

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1445.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Curtis A. Cook**

Mailing Address 19051 86th Ave NE

City

Bothell

State

WA

Zip Code

98011-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peak Systems, Inc.

Occupation

Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2015

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Ervan Darnell**

Mailing Address 3690 Dowitcher Ter

City

Fremont

State

CA

Zip Code

94555-1535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Google

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. John W. Davenport**

Mailing Address 7620 Lebanon Rd

City

Mount Juliet

State

TN

Zip Code

37122-7209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2015

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. William C. Feldbaumer**

Mailing Address 675 Airport Rd

City

Lehighton

State

PA

Zip Code

18235-9308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2015

**Transaction ID : SA11AI.5266**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Louis F. Fries III**

Mailing Address 2786 Westminster Rd

City

Ellicott City

State

MD

Zip Code

21043-3595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOVAVAX, Inc.

Occupation

Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2015

**Transaction ID : SA11AI.5378**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steven Graeber**

Mailing Address 1042 Lodgepole Dr

City

Evergreen

State

CO

Zip Code

80439-4608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Vince Hanke**

Mailing Address 4920 Atlanta Hwy # 121

City  
Alpharetta

State Zip Code  
GA 30004-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.5670

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Leslie C. Hardison**

Mailing Address 26803 W Apple Tree Ln

City  
Barrington

State Zip Code  
IL 60010-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.5680

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mary A. Haynes**

Mailing Address 4610 S County Line Rd W

City  
Yoder

State Zip Code  
IN 46798-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreens

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.5740

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Robert Hirsch**

Mailing Address 505 N Lake Shore Dr Apt 5910

City

Chicago

State

IL

Zip Code

60611-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gold Eagle Co.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.5839

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Duane M Horton**

Mailing Address PO Box 4413

City

Middletown

State

RI

Zip Code

02842-0413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uncle Sam

Occupation

taxpayer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2015

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Irving Ingraham Jr.**

Mailing Address 115 Federal St

City

Salem

State

MA

Zip Code

01970-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Physicians Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Dennis R. Jones

Mailing Address 4876 Glen Isle Dr

City

Loveland

State

CO

Zip Code

80538-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 08 / 2015

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kurtis R. Lawrence

Mailing Address 3763 Bombastic Ct

City

Las Vegas

State

NV

Zip Code

89147-7405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 16 / 2015

Transaction ID : SA11AI.6373

Amount of Each Receipt this Period

570.00

Contribution

Full Name (Last, First, Middle Initial)

C. Martin B. Lessans

Mailing Address 9 Weybridge Ct

City

Severna Park

State

MD

Zip Code

21146-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Passport Health, Inc

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2015

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1070.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Charles A. Livingston**

Mailing Address 4548 Longfellow Dr

City

Plano

State

TX

Zip Code

75093-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raytheon

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2015

Transaction ID : SA11AI.6472

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Henry Mendenhall**

Mailing Address 2 W Parsonage Way

City

Manalapan

State

NJ

Zip Code

07726-7903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lockheed Martin

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2015

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Andrew Mikkelsen**

Mailing Address 30577 Bluffview Ct

City

Frontenac

State

MN

Zip Code

55026-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homestead Remodeling & Consulting LLC

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2015

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark A. Monoscalco**

Mailing Address 430 Lewers St Apt 23D

City

Honolulu

State

HI

Zip Code

96815-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 06 / 2015

Transaction ID : SA11AI.6804

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. John J. O'Connell III**

Mailing Address 2306 Sheffield Sq

City

Carrollton

State

TX

Zip Code

75007-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2015

Transaction ID : SA11AI.6960

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ms. Judith Ann Olney**

Mailing Address PO Box 68

City

Poland

State

NY

Zip Code

13431-0068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self/Olney Apartments

Occupation

Bldg Restore & Apt Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : SA11AI.6989

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Chris M. Phinney**

Mailing Address 937 Sonoma Way

City

Sacramento

State

CA

Zip Code

95819-3421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VSP

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2015

Transaction ID : SA11AI.7155

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela E. Potter**

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. William B. Redpath**

Mailing Address 827 Anthony Ct SE

City

Leesburg

State

VA

Zip Code

20175-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIA Advisory Services, LLC

Occupation

Financial Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.7301

Amount of Each Receipt this Period

208.34

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

958.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Dr. Gil Robinson**

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.7385

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie Rose**

Mailing Address 330 S Ocean Blvd Apt 3B

City

Palm Beach

State

FL

Zip Code

33480-4263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2015

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. John Sinde**

Mailing Address PO Box 217

City

Fairfield

State

CA

Zip Code

94533-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pandamerica Imports, Inc.

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2015

Transaction ID : SA11AI.7703

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. Lawrence C. Stanback**

Mailing Address 1 Polk St Unit 1705

City

San Francisco

State

CA

Zip Code

94102-5257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 02 / 2015

Transaction ID : SA11AI.7838

Amount of Each Receipt this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. David Lawrence Standley**

Mailing Address 563 Hampshire Rd Apt 165G

City

Westlake Village

State

CA

Zip Code

91361-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altasens. Inc

Occupation

Chief Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2015

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas R. Stewart**

Mailing Address 2916 County Road 807

City

Cleburne

State

TX

Zip Code

76031-7963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Merchant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2015

Transaction ID : SA11AI.7878

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mr. William M. Templeton**

Mailing Address 469 10th St NW Apt 3

City  
Atlanta

State  
GA

Zip Code  
30318-5786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.8013

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Billy W. Tucker**

Mailing Address 3032 N 15th St Apt 101

City

Grand Junction

State

CO

Zip Code

81506-4042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 22 / 2015

Transaction ID : SA11AI.8126

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Dr. Jonathan & Holly Wright**

Mailing Address 36638 32nd Ave S

City

Auburn

State

WA

Zip Code

98001-8842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tahoma Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.8466

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

20263.82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

250.00

3151.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2900.21

MM / DD / YYYY

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

5733.43

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

500.00

[MEMO ITEM]

8633.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. ClearSky24, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	7		2	0	1	5		

Mailing Address 4440 Lawnview Ave.

City	State	Zip Code
Dallas	TX	75227-0000

**Transaction ID : SB21B.8579.1**Purpose of Disbursement  
Libertarian Party Promotional Supplies

004

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2306.30

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

State: District:

Full Name (Last, First, Middle Initial)

**B. Facebook, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				0	1		2	0	1	5		

Mailing Address 1601 S. California Ave

City	State	Zip Code
Palo Alto	CA	94304-0000

**Transaction ID : SB21B.8579.2**Purpose of Disbursement  
Facebook Ad Charge

004

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

49.84

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

State: District:

Full Name (Last, First, Middle Initial)

**C. Home Depot, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	3		2	0	1	5		

Mailing Address 2455 Paces Ferry Rd. NW

City	State	Zip Code
Atlanta	GA	30339-4024

**Transaction ID : SB21B.8579.3**Purpose of Disbursement  
Office Supplies

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

127.10

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. ID Superstore**

Mailing Address 250 H Street #510

City Blaine                      State WA                      Zip Code 98230-0000

Purpose of Disbursement  
Membership Card Materials

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01                      14                      2015
**Transaction ID : SB21B.8579.4**

Amount of Each Disbursement this Period

1444.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. IHG PLC**

Mailing Address 3 Ravinia Dr., #1000

City Atlanta                      State GA                      Zip Code 30346-2149

Purpose of Disbursement  
Staff Travel - Hotel

002

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01                      14                      2015
**Transaction ID : SB21B.8579.5**

Amount of Each Disbursement this Period

500.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Lexis-Nexis t/a Accurant**

Mailing Address P.O. Box 538358

City Atlanta                      State GA                      Zip Code 30353-8358

Purpose of Disbursement  
Address-Phone Verifications

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01                      07                      2015
**Transaction ID : SB21B.8579.6**

Amount of Each Disbursement this Period

72.33

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Lowes, Inc.**

Mailing Address 1000 Lowe's Boulevard

City	State	Zip Code
Mooreville	NC	28117-0000

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2015

**Transaction ID : SB21B.8579.7**

Amount of Each Disbursement this Period

15.88
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. McCords Printing, Inc.**

Mailing Address 14832 Lynbrook Dr.

City	State	Zip Code
Baton Rouge	LA	70816-0000

Purpose of Disbursement  
Libertarian Party Promotional Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2015

**Transaction ID : SB21B.8579.8**

Amount of Each Disbursement this Period

460.63
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. PlaqueMaker.com**

Mailing Address 289 Business Park Dr.

City	State	Zip Code
Fortville	IN	46040-0000

Purpose of Disbursement  
Headquarters Account-Donor Recognition Plaques

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		25		2015

**Transaction ID : SB21B.8579.9**

Amount of Each Disbursement this Period

33.46
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

--

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

## **A. Postmaster**

Mailing Address 2226 Duke St.

City

Alexandria

State

VA

Zip Code

22314-0000

Purpose of Disbursement

Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : SB21B.8579.10**

Amount of Each Disbursement this Period

59.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Target**

Mailing Address 600 1st Ave N

City

Minneapolis

State

MN

Zip Code

55403-1400

Purpose of Disbursement

Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 16 / 2015

**Transaction ID : SB21B.8579.11**

Amount of Each Disbursement this Period

27.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. UStream.TV**

Mailing Address 410 Townsend St

City

San Francisco

State

CA

Zip Code

94107-0000

Purpose of Disbursement

Video Streaming Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2015

**Transaction ID : SB21B.8579.12**

Amount of Each Disbursement this Period

79.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 49

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Whitaker Brothers, Inc.**

Mailing Address 3 Taft Court

City Rockville   State MD   Zip Code 20850-0000

Purpose of Disbursement  
Postage Meter Supplies

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01   07   2015
**Transaction ID : SB21B.8579.13**

Amount of Each Disbursement this Period

58.11

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Robert C. W. Benedict Jr.**

Mailing Address 850 John Carlyle St Apt 151

City Alexandria   State VA   Zip Code 22314-6857

Purpose of Disbursement  
In-kind - Donation of Books (See Memo)

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01   13   2015
**Transaction ID : SB21B.8774**

Amount of Each Disbursement this Period

590.48

Full Name (Last, First, Middle Initial)

**C. Amazon.com**

Mailing Address 1200 12th Avenue South #1200

City Seattle   State WA   Zip Code 98144-2734

Purpose of Disbursement  
In-kind - Donation of books

001

Candidate Name

Category/  
Type
Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01   13   2015
**Transaction ID : SB21B.8774.0**

Amount of Each Disbursement this Period

590.48

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
590.48

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.8774

Contribution of books to LNC purchased from Amazon.com 1200 12th Avenue South #1200 Seattle, Washington  
98144. See Line 11(a)(i).

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Robert C. Benedict**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4			2	0	1	5		

Mailing Address 850 John Carlyle St  
Apt 151

City Alexandria State VA Zip Code 22314-6857

Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.8609**

Amount of Each Disbursement this Period

2466.04

Full Name (Last, First, Middle Initial)

**B. Robert C. Benedict**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	1	5		

Mailing Address 850 John Carlyle St  
Apt 151

City Alexandria State VA Zip Code 22314-6857

Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.8610**

Amount of Each Disbursement this Period

2466.05

Full Name (Last, First, Middle Initial)

**C. Bigeye Direct, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	1	5		

Mailing Address PO Box 710865

City Oak Hill State VA Zip Code 20171-0865

Purpose of Disbursement  
Non Candidate Party Printing and Mailing Service

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.8612**

Amount of Each Disbursement this Period

5241.34

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10173.43

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. CareFirst BlueChoice, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	5		

Mailing Address PO Box 79749

City	State	Zip Code
Baltimore	MD	21279-0749

**Transaction ID : SB21B.8616**Purpose of Disbursement  
Employee Health and Dental

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2453.06

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. CSC - Corp. Services Co.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	1	5		

Mailing Address PO Box 13397

City	State	Zip Code
Philadelphia	PA	19101-3397

**Transaction ID : SB21B.8620**Purpose of Disbursement  
Corp Filing and Registration

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

334.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Arthur DiBianca**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	5		

Mailing Address 619 Friar Tuck Ln.

City	State	Zip Code
Austin	TX	78704-5609

**Transaction ID : SB21B.8625**Purpose of Disbursement  
Administrative Support Services

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1200.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3987.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 49

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Arthur DiBianca**

Mailing Address 619 Friar Tuck Ln.

City

Austin

State

TX

Zip Code

78704-5609

Purpose of Disbursement

Administrative Support Services

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 26 / 2015**Transaction ID : SB21B.8626**

Amount of Each Disbursement this Period

960.00

Full Name (Last, First, Middle Initial)

**B. Dominion Virginia Power**

Mailing Address PO Box 26543

City

Richmond

State

VA

Zip Code

23290-0001

Purpose of Disbursement

Electric

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 10 / 2015**Transaction ID : SB21B.8628**

Amount of Each Disbursement this Period

387.04

Full Name (Last, First, Middle Initial)

**C. Dominick J. Dunbar**

Mailing Address 1802 Sherwood Dr

City

Fredericksburg

State

VA

Zip Code

22405-1816

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2015**Transaction ID : SB21B.8631**

Amount of Each Disbursement this Period

564.78

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1911.82





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '01', the second shows '13', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

664.14

State:  District:

MM / DD / YYYY

664.14

State:  District:

01 / 13 / 2015

Amount of Each Disbursement this Period

1455.00

State:  District:

2783.28

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Federal Unemployment

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015
**Transaction ID : SB21B.8641**

Amount of Each Disbursement this Period

67.72

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Medicare Company

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015
**Transaction ID : SB21B.8642**

Amount of Each Disbursement this Period

163.66

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City St. Louis      State MO      Zip Code 63197-0030

Purpose of Disbursement  
Medicare Employee

001

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2015
**Transaction ID : SB21B.8643**

Amount of Each Disbursement this Period

163.66

**SUBTOTAL** of Disbursements This Page (optional)..... ►

395.04

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement  
Social Security Company

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB21B.8644**

Amount of Each Disbursement this Period

699.79
--------

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement  
Social Security Employee

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB21B.8645**

Amount of Each Disbursement this Period

699.79
--------

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Mailing Address PO Box 970030

City	State	Zip Code
St. Louis	MO	63197-0030

Purpose of Disbursement  
Federal Withholding

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB21B.8646**

Amount of Each Disbursement this Period

1455.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►

2854.58

**TOTAL** This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

MM / DD / YYYY

2088.91

State:  District:

MM / DD / YYYY

2088.92

State:  District:

1876.50

State:  District:

6054.33

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Three 7-segment displays are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first display shows '01', the second shows '27', and the third shows '2015'.

Category/  
Type

951.00

MM / DD / YYYY

Category/  
Type

565.87

01 / 14 / 2015

Category/  
Type

1560.75

3077.62

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Robert S. Kraus**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	8						2	0	1	5

Mailing Address 2500 N. Van Dorn  
Apt 1608

City Alexandria State VA Zip Code 22302-0000

Purpose of Disbursement  
Employee Net Pay

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.8666**

Amount of Each Disbursement this Period

1560.75

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Denise Luckey**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	2						2	0	1	5

Mailing Address 1367 Hickory Hills Dr.

City Murchison State TX Zip Code 75778-0000

Purpose of Disbursement  
Administrative Support Services

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.8668**

Amount of Each Disbursement this Period

671.61

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				3	1						2	0	1	5

Mailing Address 890 Mountain Ave

City New Providence State NJ Zip Code 07974-0000

Purpose of Disbursement  
Merchant Processing Fee

001

Candidate Name

Category/  
Type**Transaction ID : SB21B.8670**

Amount of Each Disbursement this Period

479.84

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2712.20



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City	State	Zip Code
Newington	VA	22122-1537

Purpose of Disbursement	Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.8673

Amount of Each Disbursement this Period

Response	Percentage of respondents
U.S. should take more action to protect the environment	86.89

Full Name (Last, First, Middle Initial)

**B. Miller's Office Products, Inc.**

Mailing Address PO Box 1537

City	State	Zip Code
Newington	VA	22122-1537

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.8674

Amount of Each Disbursement this Period

602.56

Full Name (Last, First, Middle Initial)

### C. PayPal Merchant Services

Mailing Address 2211 N. First St.

City	State	Zip Code
San Jose	CA	95131-0000

Purpose of Disbursement	Merchant Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Diagram illustrating the segment patterns for the numbers 01, 31, and 2015:

- 01:** Segments M (top-left), M (top-right), and 01 (bottom).
- 31:** Segments D (top-left), D (top-right), and 31 (bottom).
- 2015:** Segments Y (top-left), Y (top-right), Y (middle-left), Y (middle-right), and 2015 (bottom).

Transaction ID : SB21B.8676

Amount of Each Disbursement this Period

1251.14

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1940.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. PNC Visa Card**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	8		2	0	1	5		

Mailing Address P.O. Box 856176

City	State	Zip Code
Louisville	KY	40285-6176

**Transaction ID : SB21B.8680**Purpose of Disbursement  
PNC Visa Card Payment

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2846.64

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. DataJack, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	0		2	0	1	5		

Mailing Address 14911 Quorum Drive #140

City	State	Zip Code
Dallas	TX	75254-0000

**Transaction ID : SB21B.8680.0**Purpose of Disbursement  
WiFi Internet Services

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

9.99

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Gallery Leather Company, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	2		2	0	1	5		

Mailing Address 27 Industrial Way

City	State	Zip Code
Trenton	ME	04605-0000

**Transaction ID : SB21B.8680.1**Purpose of Disbursement  
Headquarters Account - Donor Recognition Book

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

47.95

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2846.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

00:

13.93

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

MM / DD / YYYY

00

1430.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

00'

52.94

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Rackspace US Inc.**

Mailing Address 9725 Datapoint Dr. #100

City San Antonio      State TX      Zip Code 78229-0000

Purpose of Disbursement  
Website Hosting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2015
**Transaction ID : SB21B.8680.5**

Amount of Each Disbursement this Period

752.93

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. SoftLayer Technologies, Inc.**

Mailing Address 4849 Alpha Road,

City Dallas      State TX      Zip Code 75244-0000

Purpose of Disbursement  
Email Server Hosting Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2015
**Transaction ID : SB21B.8680.6**

Amount of Each Disbursement this Period

514.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Tiny-Pass - The Ron Paul Channel**

Mailing Address 5900 Wilshire Blvd Suite 2950

City Los Angeles      State CA      Zip Code 90036-0000

Purpose of Disbursement  
Media Subscription

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2015
**Transaction ID : SB21B.8680.7**

Amount of Each Disbursement this Period

9.95

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Category/  
Type

Age Group	Percentage
18-24	14.95
25-34	12.5
35-44	10.5
45-54	10.5
55-64	10.5
65-74	10.5
75-84	10.5
85+	10.5

Category/  
TypeCategory/  
Type

220.00

720.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Postmaster - BRM Permit**

Mailing Address 900 Brentwood Rd. NE #2015

City  
WashingtonState  
DCZip Code  
20066-7204Purpose of Disbursement  
Annual Permit Fee

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2015

**Transaction ID : SB21B.8702**

Amount of Each Disbursement this Period

220.00
--------

Full Name (Last, First, Middle Initial)

**B. Postmaster - BRM Permit**

Mailing Address 900 Brentwood Rd. NE #2015

City  
WashingtonState  
DCZip Code  
20066-7204Purpose of Disbursement  
Annual Acct Fee

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2015

**Transaction ID : SB21B.8703**

Amount of Each Disbursement this Period

685.00
--------

Full Name (Last, First, Middle Initial)

**C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2015

**Transaction ID : SB21B.8707**

Amount of Each Disbursement this Period

15.50
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

920.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

### A. Matthew Thexton

Date of Disbursement

01 / 10 / 2015

Transaction ID : SB21B.8711

003

Amount of Each Disbursement this Period

211.25

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### B. Matthew Thexton

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.8712

003

Amount of Each Disbursement this Period

305.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. Matthew Thexton

Date of Disbursement

Transaction ID : SB21B.8713

003

Amount of Each Disbursement this Period

300.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

816.25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

304.22

479.00

320.55

1103.77



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

495.00

61719.43